CODE	Section X INTERNAL GRIEVANCE PROCESS Use Worksheet: WS-GR1
GR01	The M+CO provides an adequate written description of its grievance process. The internal grievance procedure is clearly described in the evidence of coverage (EOC). The M+CO's written grievance procedures include: • an adequate description of complaints subject to the grievance process; • a thorough explanation of the steps to follow in completing the procedure; and • time limits for each step of the procedure
	42 CFR 422.80(c)(1) (iii); 422.561; 422.562(a)(1)(1) &(a)(2)(1) (i); National Marketing Guidelines; QISMC 2.3.1.10 (Cross refer to QR13)
GR02	The M+CO adjudicates internal grievances in a manner fully consistent with the M+CO's written grievance procedure, as stated in the EOC. Each M+C organization must provide meaningful procedures for timely hearing and resolution of grievances (see requirement on WS-GR1) 42 CFR 422.562(b)(1), 42 CFR 422.564; QISMC 2.4.2.3 (Cross refer to QR18-QR25); M+CO Manual Sections 2410, 2411 and 2412.
	[]MET []NOT MET []NOTE
GR02A	The M+CO appropriately defines and identifies complaints that are subject to the grievance process. The M+CO has procedures in place to identify issues improperly identified as grievances. 42 CFR 422.564; 422.570(d)(2)(ii); 422.74(d)(1)(ii); 422.74(d)(4); (see AP02) []MET []NOT MET []NOTE
MOE	Anything not subject to appeals process is considered a grievance: examples include quality of service provided, long waiting
GR01-02A	times for appointments at the physician's office, issues relating to premiums, and involuntary disenrollment, and requests for expedited determinations and appeals that have been denied and transferred to the standard process.
	In order for the M+CO to meet the requirements of GR02, the plan must simultaneously meet the requirements of GR02A. Determine whether the M+CO informs its enrollees of the process for filing complaints. At a minimum, this information must

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	be clearly described in the plan's EOC.
	Review: M+CO's evidence of coverage to check that written procedures have been developed and time frames for resolving complaints are clearly stated. The reviewer must be thoroughly familiar with the M+CO's grievance procedure before undertaking any grievance review activities.
	☐ Complaint and telephone logs, and grievance case files.
	Issues not considered organization determinations (e.g., disenrollment requests to determine if they contain grievable issues) to determine if they are treated under the grievance process.
	Grievance files to determine whether the M+CO properly identifies problem areas and appropriately refers these issues to the appropriate management person for corrective action (e.g., inappropriate health care to quality assurance, waiting times to the center's director).
	Grievance case files to determine if the M+CO conforms with its stated procedures in dealing with complaints and time frames for resolving the aggrieved party's concerns.
	<u>Interview</u> : Staff responsible for the M+CO's internal grievance process.
GR03 NEW ELEMENT	The M+CO complies with the requirement to disclose to beneficiaries upon request the appropriate grievance data. The M+CO is required to collect and report data on: number of grievances received during the collection period that involve quality of care complaints total number of grievances received per 1,000 enrollees 42 CFR 422.111 (c)(3); OPL 99.081; OPL2000.114
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	NOTE: THIS REQUIREMENT BECOMES EFFECTIVE ON 1/1/2000. DATA WILL BE COLLECTED FROM M+COS AND REFRESHED EVERY 6 MONTHS. THE FIRST PERIOD OF COLLECTION WILL INCLUDE DATA FROM 4/1/99-9/30/99.

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